Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Number 7/January 1973
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A Year from Now...

New Aid Programs for Adult Categories

Amendments to the Social Security Act will replace the State programs of aid to the aged, blind, and disabled with a new Federal program of supplemental income.

HUMAN NEEDS
Vol. 1, No. 7/January 1973

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John D. Twiname
Administrator, Social and Rehabilitation Service

Robert A. H. Wilson
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Address for editorial matters: Editor, HUMAN NEEDS, DHEW-SRS, Washington, D.C. 20201.

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Cover Notes

Crushing chest pain. Heart attack The ghastly pallor of a comatose infant. The heavy thud at the foot of a stair well. The screech of brakes, then the rending crash. These are all uniquely human situations, each a personal disaster for the victims involved.

Sudden cardiac arrest. A child accidentally swallows poison. The fall of an elderly man or woman. A high-speed collision on a busy expressway. The list goes on and on—the scores of medical crises which signal urgently for help.

In cities and towns, day and night, hundreds of human dramas endlessly unfold in a sequence of poignant familiarity. The flagging of a passing police car, the frantic dialing of "O" on a telephone, the blur of an ambulance speeding through the street, the dolesome sound of a siren's fading blare at the hospital's emergency entrance.

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Emergency! In thousands of communities across our land, hospital emergency rooms staffed by skilled and dedicated men and women stand ready around-the-clock to save lives and ease suffering. Because of them, our lives are more secure. —M.A.B.

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Helping the Aged get around

CARLOS C. VILLARREAL. For too many Americans, what should be the "Golden Years" become leaden when they find themselves without any transportation, without adequate or convenient transportation, or without affordable transportation.

The more than 20 million people in our senior population are dispersed unevenly throughout the 50 States at all levels of the economic strata. It would be folly to generalize their needs for mobility. It would be inhuman to ignore them when we know that many of these men and women lead lonely lives and often neglect their health because they cannot get to social contacts or medical care.

As population increases and technology advances, more people live in urban areas. As cities grow, transportation problems increase for most persons within them, and especially for the elderly. The mobility of older persons is greatly affected by the increasing complexity of transportation systems, especially as they involve speed. Age-related physiological, psychological, and social changes interact with transportation changes and disproportionately increase the hazards and discomforts of getting from one place to another. There are many reasons for the accentuated impact of modern transportation systems on the aged. Some of them involve the automatism of habits practiced over a lifetime, sensory - perceptual - motor changes occurring with age, and the societal "devaluation" of the aged.

When transportation problems arise, individuals in most segments of the population have the support of some institution such as the place of employment or the school. These institutions not only provide information and assistance to persons with respect to transportation, they also influence transportation systems. Often, roads are built and repaired, and buses routed to meet the needs of business and industry and of educational institutions.

Retired persons, on the other hand, do not usually have institutional assistance with their transportation needs and problems, and seldom are transportation systems influenced by their viewpoints. Attention to such needs, however, would serve to facilitate the integration of the elderly into American society.

As more and more people live into later maturity and retirement age creeps downward, the number of retired persons increases. There is need for society to provide these persons with a context in which to develop new ways of finding meaning in life and contributing to the welfare of others. Because the majority of persons in this newly emerging period of life are in urban and suburban areas, the cities will provide the context within which this new phase of human development takes form, if it does so at all. The combination of creative urban design and of increasing numbers of mature persons with leisure time at their disposal may produce a new and higher level of civilization than mankind has known before.

The Department of Transportation (DOT), therefore, has underway intensive and expanding programs to make "getting there" possible, much more convenient, and comfortable for the elderly.

Basic to the success of most of these programs is knowledge and support by people in other agencies, particularly those in the field who work to improve the quality of life for this large segment of our population. The elderly need watchdogs at the local level who will be on hand when the plans for a shopping, medical, or recreational center go to the drawing board, to ask: "How do people get there if they don't drive?" Plans for public transit should be integrated from the outset with the plans for the facility, whether publicly or privately owned. And as revenue sharing widens the prerogatives of local and regional officials in allocating Federal funds across a wide spectrum of public needs, these officials must be kept aware of the catalyst role of transportation in making other programs work.

The Urban Mass Transportation Act as amended in 1970 specifically provides ". . .that special efforts shall be made in the planning and design of mass transportation facilities and services so that the availability to elderly and handicapped persons of mass transportation which they can effectively utilize will be assured; and that all Federal programs offering assistance in the field of mass

transportation (including the programs under this Act) should contain provisions implementing this policy."

The Act further provides for "grants or loans for the specific purpose of assisting States and local public bodies and agencies thereof in providing mass transportation services which are planned, designed, and carried out so as to meet the special needs of elderly and handicapped persons." And it allows funding for research, development, and demonstration projects to support these programs.

The Department of Transportation has gone further and taken the position that *no* capital grant or technical study project may be approved under this Act until the applicant has demonstrated special consideration of the needs of the elderly and handicapped.

Some progress is already evident.

Our Urban Mass Transportation Administration (UMTA) is providing financial support to the Massachusetts Bay Transportation Authority (MBTA) on its new Haymarket North extension in Boston. In planning the stations on this extension, MBTA invited advice from elderly and handicapped citizens. What might have been barriers to their convenient travel through the stations will now be avoided through such design features as non-slip surfaces on steps and ramps, extension of handrails 18 inches beyond the end of stairs and ramps, brighter illumination, larger graphics for location and directional signs, and lightweight turnstiles.

UMTA has also given financial support to the recently opened Bay Area Rapid Transit (BART) system in California. The Department of Transportation urges all planners of such systems to study BART, which has unsurpassed facilities for the elderly and handicapped. Briefly, these include:

- vertical elevators to move passengers from street to train
- rest rooms with special features such as wide stalls to accommodate wheelchairs

- stairway handrails extending 18 inches beyond stairs
- wide parking stalls at transit stations to accommodate wheelchair travelers arriving in cars
- extra-wide tram car doors and aisles
- loudspeaker systems and highly visible signs for those with visual and hearing impairments
- special gates and fare collection systems
- low telephone and elevator buttons that can be reached by persons in wheelchairs.

Only a few cities can support such sophisticated systems. However, bus travel can also be made more acceptable. An UMTA grant to the Central Pinellas Transit Authority in Florida will be used for new buses modified to aid the elderly and handicapped. Modifications may include such features as: elimination of push-type doors; increase in aisle width to 21 inches; first step at entrance to be no higher than 7 inches off the curb, with successive risers no more than 8 inches in height; and treads no less than 11 inches in width. Similar grants have been made to other cities.

On a broader scale, UMTA has awarded contracts to produce nine advanced prototype urban transit buses. Three contractors will each build three prototypes, incorporating a variety of design features. Three of the nine will be totally accessible to the aged and handicapped, though all vehicles will be more accessible than current transit buses. Delivery of the first prototype is expected in mid-1973. After a year of testing and evaluation in revenue service, the best designs will be chosen in mid-1974. These designs will be incorporated into an industry standard for future urban bus pruchases involving Federal financing.

Meanwhile, UMTA is experimenting with reduced fares and special schedules and routes to make available bus service more useful to the elderly. Circumstances of the elderly distinguish their transportation patterns and needs from those of the ordinary populace. They don't go to the same places every day at the same time. Their travel for recreation is not necessarily limited to summer months. They are more free, they have more time. Their lives are not of necessity tightly scheduled.

One very promising concept now being tested in several locales is demand-responsive service. In a Dial-A-Ride demonstration in Haddonfield, New Jersey, 12 vehicles take commuters to and from the Lindenwold line during rush hours. During off-peak hours these small buses are avilable on call for local transit, giving the elderly convenient door-to-door service.

Good transportation can be an antidote to a solitary life.

In small and medium-sized cities, taxis often are the only public transportation available. Many people living on a retirement income feel they can afford taxi fares only in cases of extreme emergency. A subsidized demand-responsive system — whether it uses taxicabs, automobiles, or mini-buses — can make an enormous difference in the lives of those without access to private conveyance. As revenue sharing becomes effective, local governments will have the option of using Federal funds to support such operations to the extent necessary or advisable in their particular communities.

DOT is also experimenting in smaller cities with using school buses for other purposes when the children are in school or safely home. For instance, at very little cost to the community these vehicles can be used to carry people from retirement residences to parks, zoos, or other recreational or social centers, and home again.

Officials at DOT believe that everything they do to improve the quality and safety of transportation benefits people of all ages, including the elderly.

In the first 18 months after President Nixon signed the enabling legislation in 1970, UMTA helped 60 cities strengthen their faltering mass transit systems; contributed to the purchase of some 5,000 buses, 700 commuter rail cars, and 400 rapid transit rail cars; and gave assistance to several cities in the construction of modern new mass transit systems. The alternative to this assistance would have been further deprivation of the 25 percent of our population who do not drive. This program is reversing the long decline in availability of public transportation in the cities.

Perhaps even more significant, a large potential market is now encouraging industry — which had long neglected mass transit as a poor investment — to apply its inventive genius to revitalizing the forms of public transportation.

As an example, innovative Personal Rapid Transit systems are now developed to the point where their feasibility for urban use is being tested. One system will begin demonstrations in Morgantown, West Virginia in 1973. Four other prototypes have undergone thorough tests at the TRANSPO site, Dulles International Airport. The quiet, nonpolluting, fully automated Personal Rapid Transit car with its easy entrance and exit will prove a special boon to the elderly if experience with the prototypes leads to installation in urban hubs. These systems also overcome the lurching and sudden stops in many manually operated systems that are particularly distressing to the infirm.

As a Nation, we still have a long way to go to meet the transportation needs of the elderly and the handicapped. The important point is that their problems are now recognized both in government and in industry. For the first time a sound data base is forming for action. IN

Mr. Villarreal is Administrator, Urban Mass Transportation Administration, U.S. Department of Transportation.

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Two Steps Toward Rational Day Care

DENNIS R. YOUNG. Why should we pour more public money into day care? What's the point in day care? Do we really get anything out of it?

The use of extra-family arrangements to provide all-day or part-time care for young children outside their homes has been rising steadily in the United States over the last decade. In the last few years, diverse groups have ranged from those who view day care as a means to reduce the costs of welfare by getting welfare mothers to work, to those who advocate extra-family day care to enhance the development of pre-school children. All have clamored for legislation to provide financial support to day care.

Formulating sensible public policy for day care requires sorting out and examining the various arguments of these and other partisans. It also requires undertaking research to assist this deliberation.

There are various aspects of public policy for day care which must ultimately be resolved. Some questions relating to this area are: How heavily should the government subsidize day care? Who should receive, who should pay for, and who should supply subsidized day care services? What standards and regulations should be imposed? And how should the system of financing and regulation of day care be structured?

Answering these questions involves two basic steps: *first*, that fundamental judgments be made with respect to the objectives of public policy for day care, (the relative importance of child development, adult employment, reduced welfare rolls, and the liberation of women); *second*, that research and analysis be performed to help policymakers understand the implications of alternative day care policies relative to the stipulated objectives. Several different kinds of research are needed.

At a fundamental level, research is necessary to determine the *benefits of day care* and pre-school programs. Here, the most important gap in our knowledge concerns the benefits to children. In particular, we must find out how different types of day care programs affect the present well-being and future development of children from different backgrounds. We should know, for example, if particular types of day care programs benefit all children, or just some children, and whether some children would be just as well off, or better off, at home. For instance, it is conceivable that the improvement in the care a very poor child would receive by attending a relatively modest day care program might considerably exceed any improvement in care a middle-class child might receive if he were placed in a very expensive program.

In terms of cognitive development, evaluations of programs like Headstart

and Follow-Through, and other studies, have provided some evidence of the benefits of pre-school programs to children. But our knowledge is shallow in this area and still shallower with respect to more general aspects of child development and well-being.

In addition to research on the benefits of day care, analysis is needed to determine *the cost of different kinds of day care* and pre-school programs. Analysis of day care costs is complicated by certain technical considerations such as the fact that some resources used by day care programs—volunteer labor or donated facilities, for example—do not show up as monetary items in day care center budgets. In addition, there is a problem in assigning the costs of auxiliary services, such as medical and dental services, to day care versus other program categories. Finally, in comparing the costs of different day care centers, it is necessary to control for variations in the quality of care received by children. A few studies of day care costs have been made, but the way in which costs may vary the quality of care is still not well understood.

Sound evaluations of day care require new research activities.

A third question for research concerns the *demand for day care, i.e.*, the patronage for different kinds of day care arrangements in various circumstances. Here the object is to find out whether parents in particular income categories, employment levels, and geographic locations prefer to use day care centers, family day care homes, or other types of facilities; what hours of the day services are needed; what kinds of education and recreation resources are desired; and whether transportation services are required. How much parents are willing to pay for day care arrangements with different attributes is also necessary to determine. Some interesting survey research has already been carried out on these questions.

Together, information on *demand, costs,* and *benefits,* is invaluable to policymakers in determining what kinds of day care are worth the expense and how day care subsidy funds can be distributed to encourage effective use of resources.

As already noted, more than just budget estimation and design of subsidy scales are involved in developing policy for allocating public resources to day care. Sensible standards must be developed to help ensure that, on the one hand, satisfactory care is received by all participating children, and on the other hand, that substantial numbers of children who potentially would benefit, are not excluded. Furthermore, even with seemingly reasonable standards and subsidy policies, there must be some assurance that such policies will actually be carried out in an efficient manner. Focus here should be on the nature of the day care *delivery system.*

The delivery system, comprised of institutions and financing and regulatory mechanisms for providing day care in the United States, is extremely complex. Public and private non-profit agencies, profitmaking firms and industrial corporations, governmental agencies, and private individuals, are all involved in supplying day care services of various kinds. Day care facilities are subject to different local licensing regulations and standards for public funding. Day care programs are financed through various combinations of user payments, government grants, and private philanthropy.

Arrangements for administering public support of day care are bewildering in themselves. Federal funds for day care are provided under AFDC, WIN, and other sections of the Social Security Act; Headstart and CEP under the Economic Opportunity Act; the Elementary and Secondary Education Act; Model Cities; and many other sources. These different funds are administered through various government agencies at the State and local levels. Day care programs supported by Federal funds are subject to Federal Interagency Day Care Requirements as well as numerous rules and regulations applying to the individual sources of program funds.

There are a number of worrisome aspects to this fragmented, crazy-quilt pattern of public support for day care. In the first place, much of public funding for day care stems from programs for adult-oriented purposes — welfare, work-training, employment, and so on. If child well-being is an important objective, it seems to get lost in the shuffle, as when parents are forced to resign or transfer their children from day care programs supported under the WIN or CEP programs because of a change in their training or employment status.

As an example, consider the Louisville, Kentucky, mother interviewed in the Keyserling study of day care: *A Louisville Kentucky mother told a Section member that she too was in job training. The $25 fee for the care of her two children in the center was paid for by the Welfare Department. She said, however, that when she graduates this subsidy will not continue and she will be unable to pay for it. "What then?" she asked.*

The fragmented Federal grant structure thus hinders efficient resource allocation in the sense that programs funded by various agencies may fail to cover certain groups of parents and children. At the same time, they overlap and duplicate one another with respect to other groups.

Other problems are also apparent. The complexity of the present system of public subsidy discourages current and potential day care suppliers from applying for support, and hence expanding the supply of services. Interviews with directors of small day care centers in Washington, D.C. revealed that funds

were sometimes pre-empted by larger suppliers who knew their way around the grant system. Some smaller suppliers were forced to depend on borrowed funds or forfeit the chance to provide new services. One study of day care centers stated, "Our chief finding about start-up was to illuminate the enormous effort required to start a center. At least one aggregate person-year of work is needed to get a center going. Growth costs are similar: it takes great energy to recruit sufficient resources for survival, much less stable growth."

Another study quotes a center director, who summarized the situation as follows: "Here, as in most areas of Social Policy, we are involved in a giant grantsmanship game. The game board is set up to force local people to puzzle out their moves through the maze of funds which have been used up by the time the application arrives.

Finally, when all is said and done, there remains no assurance that users and potential users of day care will be made aware of the alternative day care programs that are available. Nor is there any assurance that the level, type, and quality of services provided will be commensurate with the preferences of the prospective customers. In the District of Columbia, a study found day care centers "unevenly scattered', and in Massachusetts a Statewidw survey of day care centers revealed centers with vacancies coexisting with centers with waiting lists.

While some obvious steps could be taken to consolidate and streamline the day care delivery system to make it more efficient, there are even more subtle issues involved in achieving meaningful delivery system reform. Child care is a very sensitive area. It is especially important, therefore, that services be delivered competently and conscientiously, as well as frugally and in sufficient quantity. The argument is often made that day care is not an area for profitmaking enterprise, since parents are not always in a good position to judge the quality of service. Hence, it is feared that a fast buck may be turned at the expense of proper care to children. Thus, "service" rather than a "profit" orientation for suppliers seems most desirable.

However, if day care is provided by agencies not especially motivated by profits, there is a dulling of the normal market incentives that spur suppliers to respond to changing demands. Moreover, such suppliers may have high standards which lead them to use their resources to raise the quality of care for present clients at the unwitting expense of expanded coverage to children not yet served. Some presently provided day care (under non-profit auspices) ranges between $3,000 and $4,000 per child per year for full day care. At such rates, only a small segment of the pre-school population can be covered without enormous increases in public funding.

Benefits, costs, and demand are basic to planning the delivery of all social services.

Clearly, there is an apparent dilemma in conceiving a system of day care supply which, on the one hand, will provide strong assurances of quality care and, on the other hand, will be responsive to changing demands. Some recent research has suggested approaches to resolve this concern. One proposal would put heavy emphasis on overview and participation by parents to ensure quality. Day care programs under that plan would be open to parent monitoring and inspection. Parents would be involved in policy formation and review. Any type of supply agency, public or private, profitmaking or non-profit, willing to live with this "fishbowl" type of environment, would be acceptable.

A second important idea, addressed to the supply response problems of non-profit motivated provision, is the establishment of comprehensive planning and coordinated resource allocation at the local community level. These functions would be the responsibility of a local public agency, which would employ survey and analysis techniques to measure demand, supply, and current levels of utilization of different types of day care services. Following such measurements, priorities would be set for funding new programs and altering current resource allocation patterns. Conscious "trade-offs" would be made between raising the quality and cost of current programs, and expanding the supply to include coverage of new users. In addition, the performance of currently funded day care arrangements would be systematically evaluated and initiative would be taken to seek out suppliers to undertake new programs. The agency responsible for community planning and resource allocation for day care would thus supplant the market function of supply adjustment and supplement parental overview in monitoring the quality of services.

The research necessary to bring meaningful reform to day care organization is by no means complete. At some point, local communities must develop prototype systems, perhaps along the lines of the community planning and parent overview model we have mentioned. They should experiment with their designs and systematically evaluate the results. Limited but significant progress could now be made toward local community planning, coordinated resource allocation, and improved quality evaluation, even within the current system of public support and regulation. IN

Mr. Young is a member of the Senior Research Staff, The Urban Institute, Washington, D.C.

How the Rural Poor contact the rest of us

HAROLD and MARGARET FELDMAN. "They feel that they must exist in that outside world for a certain amount of time each day or each week, and for the accomplishment of certain functions. But they feel, too, that it is not their world."

That's how one experienced observer describes the almost despairing view of the outside world held by virtually everyone inhabiting a small rural poverty pocket along New York State's Southern Appalachian Tier.

Referred to here as "Road-Junction," the community of 35 households scattered near and at the intersection of two secondary State roads, is typical of hundreds of other depressed rural communities that scar the Appalachian landscape.

The people of Road-Junction, while geographically and in practically every other sense, isolated *from* the outside world are nevertheless very much connected *with* that world. In many respects, the most noticeable characteristic of rural pockets of poverty is that they are inescapably tied to the other world and the inhabitants are forced to meet and compete in the larger society. They are totally dependent on that world for their jobs, their education, their purchases, their services, and their help. With distressing frequency, however, they are unsuccessful in coping with that world.

Almost all economic activity takes place outside of the Road-Junction neighborhood. By and large, jobs of the

Research on the Appalachian community—"Road-Junction"—reveals poverty, ignorance, and profound isolation from the outside world.

inhabitants are low prestige and of low responsibility (*e.g.*, cleaning out gutters and patching the roads) and they are the bossed — rarely even the boss of a small work crew. Their "buying" is done in the community's cheapest stores, and at the rummage sales, give-aways, and in the dumps, where they snatch up the discards of society. In all their economic contacts with the wider society, it is painfully obvious to these people that they are at the very bottom, even a different kind of people.

Families of The Junction, and especially of The Road, are not participators in the various social or quasi-social groups of the wider community, nor do they regularly interact informally with individuals of that wider community except for with relatives or friends who live in similar rural pockets of poverty.

In informal interaction with the outside world, a few Road-Junction adults have some tenuous freindships among middle-class people of the surrounding area, but their Road-Junction neighbors are apt to razz them about associating with fancy people.

As for participation in outside formal social organizations (or quasi-social groups), the people of Road-Junction are non-participators. Men do not belong to the nearby local fire companies (which appear to be bastions of working class males in their respective hamlets), or to the fraternal organizations, and if they belong to unions, they do not participate in the social activities. Families do not join or interact with the community associations of the two nearest villages. Only a few mothers, and virtually no fathers ever attend any functions at the elementary school (and almost never are present at secondary school activities).

Religious and socio-religious ties to the larger community are definitely weak. With no active church of their own, the people of Road-Junction would have their choice of belonging to any of the three churches in the two nearby hamlets, or the many churches in the city — but most families neither belong nor attend.

Political activity is at a very low level. Awareness of campaigns, candidates, and issues appears limited, and voting records for the area are very low. Interest in politics is limited to a few people—who don't necessarily vote. One elderly man who is well informed and very interested in world happenings, no longer votes. He says, "If I can't get up there [to the polling place in the church] on my own steam, I won't go." For most people, the feeling is that their votes don't have any effect either on national or local affairs.

The voting district for the particular polling place is fairly large, but the number of people voting is fewer than almost any other election district in the county. And of those who do vote, most reside outside of the Road-Junction area.

The political leanings of many of the people, including youths too young to vote, tend to be conservative. Generally they are opposed to student radicals and black militants. In fact, some approach militancy in their criticisms of them. What they favor is less clear, but it is apparent that they do not want the *status quo* changed, feeling they might end up even worse off. Jobs may be bad, money scarce, prices high, taxes unpayable, but people are loath to criticize the system as a whole, and even hesitant to criticize the officers of that system.

There are many ways in which the people of Road-Junction interact with the legal institutions of the larger society. On numerous occasions, they are summoned into the Justice of the Peace Court which sits semi-monthly in a nearby hamlet. Assorted traffic violations are the most common causes of appearances there—though traffic violations also bring them to more distant courts. Speeding, unlicensed operator, unregistered or uninspected vehicle, driving while intoxicated or under the influence of alcohol—all are common charges. People also enlist the help of the Justice of the Peace if a husband or neighbor is causing trouble.

In the city, the seat of county government, the people of Road-Junction have dealings with all of the different parts of the court structure. Family Court is a familiar scene for many of these people —their youngsters come up there for many varied offences: shoplifting, theft, various charges involving liquor, truancy from school, charges resulting from fights at the high school, and other infractions. A monitoring of court reports and of arrests which are reported in the city newspaper reveals the high number of local youths above the youthful offender status who are involved in law-breaking incidents. Fines, jail sentences, or reform schools, as well as probation, may result.

The many marital disputes are also taken to Family Court. A court "order of protection," known locally as a "peace bond," is sometimes sought to keep an estranged husband away from the wife and children. Quite often this is later nullified by the wife, and married life resumes. The pattern is for a wife to "go down and sign papers on her husband." Brief jail sentences are sometimes served by husbands in these cases, and the threat of jail is a weapon women use to prevent husbands from physically mistreating them. Quite a few men have served longer jail or prison sentences for such things as larceny.

The State Police and the Sheriff's Department have considerable interaction with these families, particularly the families on The Road. Either the Police or the Sheriff will be summoned for any number of reasons by local residents.

Recent examples of cases in which they were called are to solve family fights, to investigate theft, to inspect malicious damage or vandalism, to accompany people to the hospital in an emergency, to break up inter-family fights in the neighborhood, and to arrest neighborhood troublemakers.

Medical services are another connection which people of Road-Junction have with the outside world, no more frequently than they can help, often reluctantly, and usually for treatment rather than prevention. Some families do occasionally attend the free baby and children's clinic held monthly in the elementary school, where they can get all the necessary infant immunizations free.

In so many aspects of their lives, these rural people are victims of the continuing trends towards centralization in our society—centralization of jobs, of markets, of schools, and of all kinds of services. All of the governmental and private services which are set up to help individuals, families and communities are located in the city, so that services which are supposed to assist people in handling their problems are far removed from the very people who need them most. The welfare and food assistance programs are located in offices in the city, and since much of the transactions which one has with these offices must be made in person, the problem of transportation becomes a block to people seeking or continuing the assistance programs they need. The caseworkers from the Social Services Department do make home visits periodically, but the initial intake interview and various other business must take place at the office.

The Welfare Department, however, is one service which most of those involved would prefer to keep at a distance. "The Welfare" is seen as a source of money, but also as an unwelcome intrusion into family affairs. The people who are on Welfare get very little effective counselling help, and what they get they don't want. The following quotes reveal people's feelings:

- "The Welfare lady was here today, and again she made me feel this big."
- "The little bit of land we still owned we deeded over to our daughter so Welfare and the creditors wouldn't get it."
- "The Welfare lady wanted to know about that ski-doo. I said she'd have to ask my husband. She said, 'No, I'm asking you.' I tried to explain that it's our son's, and that his uncle is financing it, and that we sort of had to buy it because my husband banged it up a big."
- "They act like they owned your kids."
- "My daughter's caseworker is trying to get her to start taking the pill. I say that's wrong. Just because she made one mistake doesn't mean she's going to do it again. Besides, if she's on the pill, she can do as she pleases and never suffer any consequences. Now I don't think that's right, and though she's a mother now, she's only seventeen, and I'm still her mother."

In other service agencies, there is a determined effort to reach out to the people in rural areas—at least in theory there is. Certainly the neighborhood aide program of the local OEO anti-poverty agency is designed for this purpose, as is the nutrition aide program of the Cooperative Extension Service. The real drawback to these potentially useful programs is that the aides can't do enough: the limited resources of such a program are spread too thin, so that an aide is given a large rural territory which cannot be well covered.

There is no overall network covering these rural people which could serve as a cross-referral system. There are many diadic relationships of individual families with individual social workers or similar "helping professionals,". But there is a lack of coordinated planning and even of communication between the various workers and agencies involved. The complexity of the overlapping services and jurisdictions, and the haphazard way in which a family in difficulty may eventually get assistance, serve to decrease the effectiveness of the services.

It is difficult to assess the effect of contacts which Road-Junction people have with the dominant society by means of the mass media. Nearly all have television, and some watch it quite a lot, with the soap operas popular among the housewives (or, for those women who are less absorbed in the melodramas, the TV set might be turned on but the housewife not really watching it). The fights are a weekend highlight for the men, who will sometimes go to the home in the neighborhood which gets the best reception for the "wrass'ling". News is rarely listened to.

Subscriptions to magazines are limited to a few households—one home gets at least four magazines regularly, including two news magazines, but this is most unusual. Most families do not regularly get the City newspaper.

Telephones are found in many of the houses, but frequently they are not connected. A family may do without or sus-

pend phone service for a period as a way to save money, or the phone company may disconnect the phone because of unpaid bills. Usually the phone is left in the house, on the theory that some time later the family will wish to have it reconnected (for a fee).

The lack of phone service is a real problem when emergencies arise, and is a constant exasperation to teachers, social workers, welfare case workers and the like who want to be able to talk with these people, or who want to find out if they are at home before travelling half way across the county to see them on some business.

The people of Road-Junction have rather strong feelings about the outside world which are closely related to their conception of what the outside world thinks of them. Both of these in turn affect the people's feelings about themselves and their own neighborhood, as they tend to accept and internalize society's judgment.

Neither Road-Junction, nor either of its components, is considered a community by the inhabitants, and group feeling and identity are weak. Certainly the absence of formal institutions and structure, coupled with the low level of social interaction would make these areas classifiable merely as neighborhoods rather than communities. Even the densely packed Junction is no more than a neighborhood, as there are no community functions and minimal interaction above disparate diadic relationships between some households. But even as neighborhoods, these are weak, incohesive associations of families. In a very real sense, their main feeling of identity as a neighborhood (or neighborhoods) is derived not from positive factors linking them together, but from the negative factors of feeling cut off from and scorned by the larger urban-suburban community — a feeling of not really belonging there.

Many people state with some clarity what they think the other segments of society think of them; many know that they are characterized as the dregs of society. Even the people of the neighboring hamlets, whose children go to the same school, and whose stores they patronize to some extent, are seen as having hostile, derogatory attitudes towards the people of Road-Junction.

Although Road-Junction people work, buy, go to school, get help, and so forth, in the city and its suburbs, they generally do not consider themselves members of that community. Or, if they do count themselves as part of that larger community, it is as second-class citizens.

It seems that the Road-Junction people's conception of what the world outside thinks of them is a very close approximation indeed. And it does seem true that merely the fact of living at that address is a handicap for those who try to 'make it' in society and for their children, that the neighborhood's reputation alone is crippling.

In response to the feeling that the people of Road-Junction are looked down upon by the outside world, and that the outside world is beyond their control and even beyond their ready comprehension, these people tend to withdraw from the outside world to the extent that they can. While participating in it for jobs schooling, buying, and other services, the apparent feeling is one of alienation even of hostility. They distrust the motives of outsiders and of society in general, and are suspicious of those who run it.

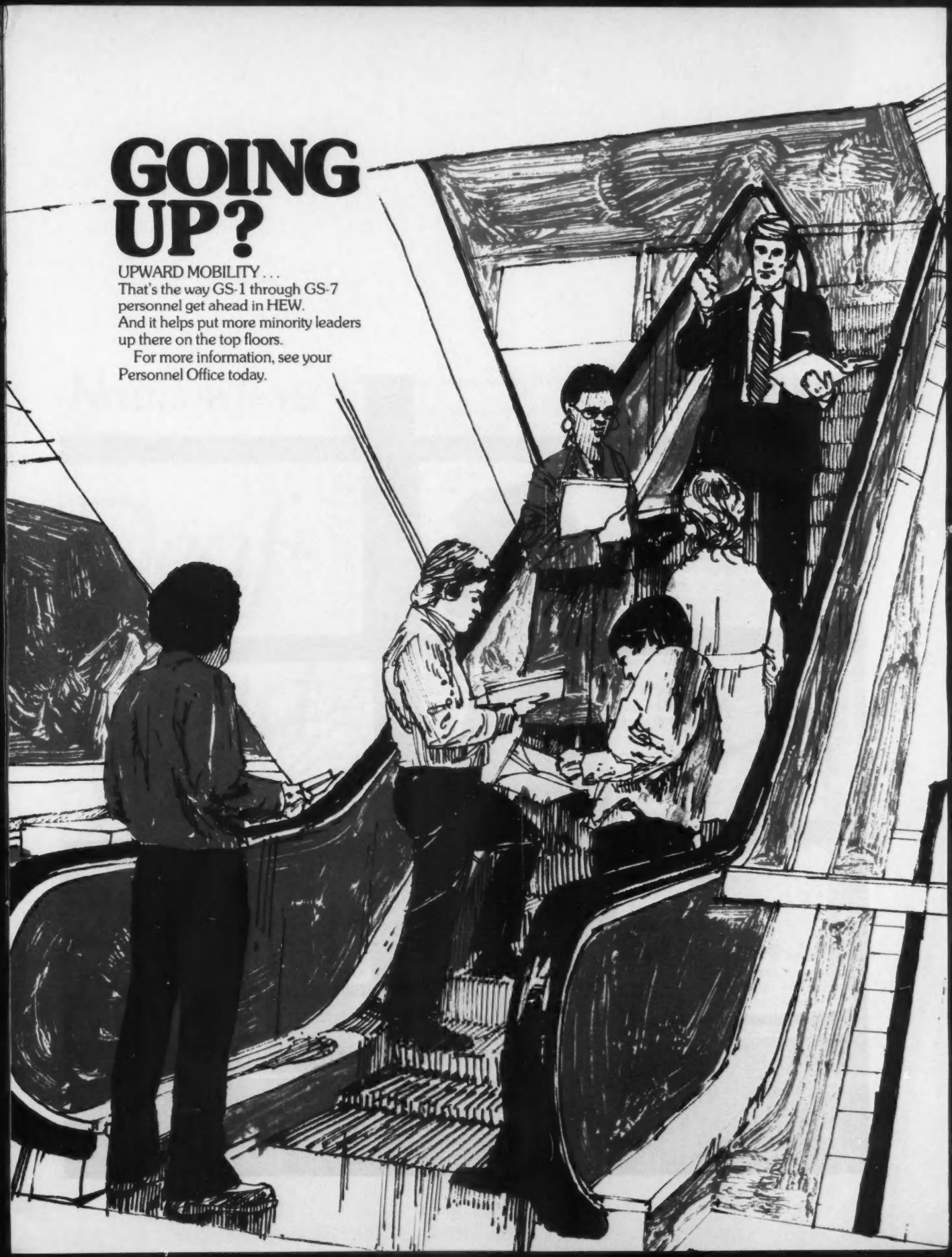
Well aware of the reputation of this area, particularly The Road, some families have often talked about moving away. Most do not say specifically where they would move to, but they want to get off The Road, out of The Junction.

In fact, despite the talk, very few actually move. The only people who have moved away have been families in the process of splitting up — a daughter marrying out, or a wife and children leaving the home, or a man taking his children after his wife deserted and moving them to another rural poverty area, where he subsequently remarried. So moving out, as a way to get ahead, is not often done, except at the start of adult life.

In addition, there are some really positive and strong feelings of attachment for the area, but one supposes that the heart grows fonder as the outside world receeds as a possible place to make one's way.

There seems to be some recognition of the fact that those young couples who hope to make it in the world are generally the sons and daughters who leave home to live elsewhere, and even very young children tell their parents that when they grow up they won't live there. Even among the "aristocracy" their sons and daughters leave — while the old folks stay on in the homes they inherited or at least inhabited since early marriage. To these "aristocracy" people, the generalizations above do not apply. They are not retreating from the outside world, but they do decry the reputation which Road-Junction has in the larger society. For the poverty-ridden families, though, the feelings of inferiority and of separateness from the outside world are strong factors which keep them living in the area, which in turn adds to those feelings. Thus, the neighborhood perpetuates itself. IN

Dr. Harold Feldman and Dr. Margaret Feldman are both Professors of Psychology at Cornell University, Ithaca, New York.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New directions for the Deaf-Blind

PETER J. SALMON. The Federal Government is now moving with deliberation to reach out and assist the deaf-blind in this country. Legislation enacted in the past three years offers more hope than ever before to members of the silent and unseeing minority. If public interest in the deaf-blind can be sustained, there will be a far brighter future for many of these unfortunate people, children as well as adults.

Until 1958, only a few islands of interest existed in the field of rehabilitating deaf-blind persons in the U.S. In that year, the Industrial Home for the Blind (IHB) published a report on a two-year study conducted under Government grant. The IHB had operated a sheltered workshop since admitting the first deaf-blind adult to any such program in 1918. It followed with the inauguration of Helen Keller's specialized service project in 1945.

The 1958 report generated substantial interest in and enthusiasm about the possibilities of rehabilitating deaf-blind people. Prior to the report's publication, general interest in the area did not exist. When it did, it was motivated by desires to meet the needs of particular deaf-blind individuals, reflecting a clear failure to reach out to find and serve other deaf-blind persons in their communities.

Buoyed by new public enthusiasm and Government support, the IHB in 1962 began a research and demonstration project.

Largely as a result of the achievements and findings of the research and demonstration project, and the success of agencies cooperating with it, the concept of a national center for the deaf-blind earned wide support. Initially, such a center was seen as one which would encompass both educational and rehabilitative services for deaf-blind persons of all ages. However, differences in approaches, techniques, staffing, and facilities required to meet the needs of deaf-blind children, as compared to those of similarly afflicted adults, resulted in the recommendation to Congress that two specialized programs for deaf-blind persons be authorized: one to serve children and the other to serve adults.

In January 1968, Title VI of the Elementary and Secondary Education Act was amended by Public Law 90-247. In April 1970, it became Public Law 91-230, Title VI, the "Education of the Handicapped Act." Under the Act, 10 regional centers were established, operated by the Office of Education, Bureau of Educational Services. Its mission: to serve deaf-blind *children* throughout the country.

The 1967 Amendments to the Vocational Rehabilitation Act authorized the establishment and operation of the National Center for Deaf-Blind *Youths* and *Adults*. The Social and Rehabilitation Service selected The Industrial Home for the Blind to operate the National Center under an agreement with HEW. An interim Agreement for operating the Center was signed on June 24, 1969 and this was succeeded, on November 12, 1969, by the definitive Agreement under which the National Center is now operating.

The temporary facility currently occupied by the National Center was leased on December 1, 1969, for a three-year period with a two-year extension option. It consists of approximately 10,000 square feet of ground floor space at 105 Fifth Avenue, New Hyde Park, New York, about twenty-five miles from mid-Manhattan. It is being used presently beyond its practical capacity.

Fortunately on February 22, 1971, twenty-five acres of surplus property at Sands Point, Long Island, were deeded to the IHB for use as the site for the permanent National Center. The deeding presented an exciting possibility for designing and constructing highly desirable facilities for a youth and adult center. Then, on June 28, 1971, $2.5 million was appropriated for construction of permanent facilities for the National Center and the task of selecting and engaging an architectural firm was successfully completed.

Plans and specifications for the permanent facilities are designed to be safe, functional, flexible, durable, and in keeping with the setting in which they will be located. They will be free from extravagant or unnecessary features that might entail high maintenance costs. Some of the special features that add to the construction cost are as follows:

- Safe outdoor areas large enough for trainees to find seclusion
- A training and recreation complex
- A vocational training building
- A "floating" floor in a sound-isolated room, using transducers and amplifiers in transmitting exaggerated vibration from either live or recorded music
- Glare-proof, shadow-free, high-level illumination
- A radio system to transmit vibratory

signals for use as a fire alarm, for calling individual trainees, and for other purposes for which further development is required.

These and many other special features will make the Center a model plant, *the first of its kind in the world.*

Complementing the National Center's growing headquarters' activities are its expanding regional operations. The Center opened its Western regional office in Glendale, California in March 1970 and its Southern regional office in Atlanta, Georgia, in November of the same year. Its Midwestern regional office opened in December 1971 in Chicago. Funds were budgeted for the opening of an eastern regional office on or about March 24, 1972, but as the appropriation for the operation of the National Center in FY 73 is not large enough to support the operation for the full year, the opening has been postponed. Each regional office is staffed by a representative and necessary clerical support.

The Eastern region is presently being served by headquarters' personnel provided largely on a request basis.

Staffing of the National Center is unique. In the nearly three years that the Center has been in operation, experience has increasingly pointed to the advisability and the necessity of developing a staffing pattern which departs in two important ways from conventional objectives of this process: One is the use of professionally trained and experienced generalists, instead of professional teams, to provide services in the field; and the other is the use of a *single*, professionally trained and experienced instructor, assisted by as many aides as may be required, in each specialized area of instruction - communications, homemaking, industrial arts, etc.

A single worker, if properly prepared, can often fill the role of a professional team. This is particularly true in serving deaf-blind persons, where establishing rapport is often slow and quite demanding on the deaf-blind client.

Much of the training of deaf-blind persons requires repetitive attention to the problem of conveying simple information and developing basic skills. Properly selected aides, trained through carefully designed short courses and on-the-job experience, can effectively provide many of the services required by deaf-blind trainees. The use of such aides proves far more economical than the excessive use of professionally trained personnel.

The last hour of the workday at the National Center is devoted to case conferences that generally involve most — and sometimes all — of the Center's professional and para-professional personnel. These conferences, together with numerous meetings of key professional and administrative personnel, result in a sharing of information that makes entirely practicable the interchange of several professional specialists in providing consultation and demonstration services in the field.

Some 275 clients received services during the year ending last March. Of that number, 146 were served by headquarters' personnel and 169 by the Western, Southern, and Midwestern regional representatives. Twenty-nine clients (19 men and 10 women from 14 States) were enrolled at the National Center headquarters for rehabilitation, evaluation, and/or training during the 12-month period. At the end of the period, 23 clients were being processed for admission to the National Center headquarters for rehabilitation evaluation. To date, 354 clients (192 men and 162 women from 38 States and the District of Columbia) received services from the National Center since its inception on June 24, 1969.

During the year, intake services were provided for 196 deaf-blind persons. These were exclusive of 63 deaf-blind persons who were referred to the National Center for service but who were found not to be ready for, or currently interested in, the services that could be offered; and they were exclusive of individuals who were referred to or who applied to the National Center for service and found not to be deaf-blind.

One example of the Center's success is illustrated by the case-study of Miss A.Miss A. entered the National Center in July 1971 and was evaluated by the staff in the various areas of daily functioning.

Psychological testing determined that she was in the average range of intelligence on verbal tests and scored in the bright normal range on a non-verbal test of intelligence. Miss A. was found to be lacking in motivation, passive, dependent, and to have a poor image of herself.

In training, every effort was made to help her overcome these shortcomings. While at the National Center, she received binaural hearing aids which improved her ability to understand speech, although she still had difficulty in a group setting.

As Miss A. became more relaxed and her understanding of herself became more mature, it was felt she had sufficient ability and self-management skills to be employed in competitive industry. Therefore, while she was still in training, the Placement Counselor of the National Center visited Miss A.'s home community in February 1972 to determine the possibility of job placement for her in the local area. The Placement Counselor was able to locate a job for her as a laundry worker paying $2.17 an hour. This job will be kept open for Miss A. until she completes her training in about eight weeks at the National Center and returns home.

When her parents, who met the Placement Counselor, were informed of the job awaiting their daughter, the mother responded, "I never dreamed that my daughter would get a job, especially a job paying that much."

Among the Center's research activities during the year were feasibility studies of three sensory aids.

The first of these aids, the tactile communicator (TAC-COM), is designed, and prototype models produced, by the Sensory Aids Evaluation and Development Center of the Massachusetts Institute of Technology under a contract with the National Center. Its function is to meet a number of specific communication needs of deaf-blind persons. It consists of a small transmitter and battery charger (about the size of a table-model radio) and a small receiver (about the size of a pack of cigarettes) equipped with a rechargeable battery. The transmitter may be attached to a doorbell, a telephone, a fire alarm system, a paging system, etc. When any such instrument or system connected to the transmitter is activated, an excentric weight in the receiver is caused to rotate so that the receiver vibrates very perceptably. Since the duration of the vibration in the receiver coincides with the duration of the signal from the transmitter, the TAC-COM can be programmed to produce differentiated sounds. This capacity gives the TAC-COM a high degree of flexibility. However, the use of the

TAC-COM requires more technical skill than is ordinarily available to a deaf-blind person. While possibly suitable for use in an institutional setting. TAC-COM will not ordinarily be found practicable for use by individual deaf-blind persons in their homes.

A second communication aid in which the National Center is interested is a modification of a "beeper" system used by hospitals as a paging system for physicians. Manufactured privately, it consists of a battery-powered transmitter about the size of a pack of cigarettes and a battery-powered receiver of identical size. It requires no induction loops and, therefore, is easy to install. The transmitter may be activated by pressing a button on the transmitter itself or it may be simply attached to a doorbell, telephone, etc., and activated by the ringing of the doorbell or telephone. The limitation of this device lies in the fact that in order to minimize the likelihood of it interfering with general radio communication, the Federal Communications Commission requires a built-in delay of 30 seconds between transmissions

In one case, it is being used by an invalid mother to call her deaf-blind daughter. It has been installed in the apartment of one deaf-blind man to provide a doorbell signal; and we are in correspondence with several deaf-blind persons to arrange for their help in field testing the device.

The third communication aid with which the National Center has been concerned is a device developed by the Center's Director of Research. Employing a series of small, uncovered speaker diaphragms, each of which is set to respond to different sound frequencies within the speech range, the device makes it possible to read, by touch, words spoken into its microphone. Evidence developed so far suggests that only words with strong vibration patterns can be read in this way. Therefore, in its present form, the device does not seem to hold promise of being useful as a total speech communication instrument. However, it may have limited, though important, usefulness in speech training.

The development of sensory aids meets an expressed need of many deaf-blind individuals. Research in this area has the advantage of being able to produce definitive, easily measurable results and of being able to pay dividends that can be immediately invested in the rehabilitation of deaf-blind persons.

During the coming year, the Center plans to open an office for the Eastern region, to employ two additional instructors' aides, and to schedule a joint meeting of the Advisory Committee and selected members of the staff with the Coordinators and Directors of the Regional Centers for Deaf-Blind Children. These and other plans are contingent on the availability of funds to supplement the Center's appropriation for FY 73. Center officials feel that if required supplementary funds are made available and if additional funds required to implement plans for construction can be procured in time to avoid interrupting the Center's development, the ensuing year will be full of challenge and promise.

Dr. Salmon is Director of the National Center for Deaf-Blind Youths and Adults, New Hyde Park, N.Y.

Studies show a crucial role for good pre-natal nutrition to prevent any lasting brain damage.

Born with a well-fed mind

KATHLEEN LYONS. Many administrators of social service programs are trying to help people whose first deficits may have occurred even before they were born. Although we don't have all the exact scientific data at this time, we do know that certain prenatal and postnatal conditions lead persons on a lifetime path that may be marked by illness, disability, and an inability to compete successfully with other human beings in the very complicated business of living.

One of the most important deficits that we are studying these days is in the area of nutrition. The building-blocks of the various human systems—skeletal, nervous, muscular, etc.—come from the foods ingested by the person either in the fetal state before birth or as an infant just after birth. Hence, in order to participate in sensible long-term social service planning, the planner ought to equate "long-term" with the word "lifetime." If we can understand what people need before they are born as well as what they need during the rest of their lives, then it is possible to make some real headway. Certainly this would be a most helpful point of view when the planner approaches the whole area of nutrition.

Actually for Americans the subject is rather new. Until five years ago, for example, we considered malnutrition to be a problem existing only in underdeveloped or in newly developing nations but not in the United States. But in the late 1960's, during the rise in the general social consciousness of this country, more Americans turned to the problems of hunger and malnutrition here at home.

Since then the scientific community has concentrated more of its resources in this area and some interesting results have come about. For example, in the fall of 1972 at a gathering of nutrition scientists in Mexico City, approximately one-fourth of the papers presented dealt with prenatal and early postnatal nutrition. It is now generally acknowledged that the mother's diet during pregnancy and lactation has an enormous and lasting effect upon the physical and mental development of the newborn infant.

We should understand that malnutrition, or "poor nutrition," can be defined as a state in which the individual is deprived of one or more nutrients such that the growth process is slowed down and specific biochemical changes and clinical syndromes appear. Among the most severe cases overseas we find children with retarded growth, edema (the swelling caused by the collection of water in hungry tissues), a variety of skin changes, and death. *Marasmus*—emaciation and a general wasting away—is caused by exteme food deprivation after birth, particularly the absence of calories and protein. A second clinical syndrome—*kawashiorkor*—caused by protein deficiency, is a complex of stunted growth, edema, anemia, apathy, and other signs of general physical and mental deterioration. The word *kwashiorkor* comes from Ghana and was always associated with the diet problems of people somewhere else; so it was something of a deep shock when a Public Health Service survey turned up cases of clinical kwashiorkor here in the U.S.

Although great strides have been made in the nutritional sciences during the past few years, most of our information has not come from humans. Civilized science simply will not allow the starving of mothers and infants in order to gather new clinical information. That would be barbarism, not science. Hence, much of what we know today about prenatal nutrition and development comes from animal studies. Once we have at least a working knowledge of animals, we can go on to man.

Some important work done in England has shown that nutritional damage to the adult rat is limited: no matter how severely an adult rat is starved, there appear to be no detectable effects on lipids, protein, or nucleic acids in the brain of the rat. However, even mild undernutrition during the brain's fastest growth period before the animal's birth will permanently affect its composition. These brains of mildly starved prenatal rats may also show degenerative changes of neurons and neuroglial cells.

The British work—done by Drs. Dobbing and Widdowson—has shown that growth may be stunted if there is undernutrition of the rat during the vulnerable prenatal and postnatal periods. Dr. M. Winick has further shown that there seem to be three critical phases of growth in the organs and organ systems of rats: (I) cell division, (II) cell division and increasing organ size, and (III) increasing size of the cells themselves. The transition from one phase to the next depends on the synthesis of DNA (deoxyribonucleic acid) slowing and then stopping. Winick has shown that severe malnutrition in phases I and II during the vulnerable periods of birth will permanently reduce the total number of cells in the brain despite any nutritional supplementation at a later date.

Other reports of experimental work with rats and pigs demonstrate poorer cerebral performance—a measurable reduction in brain potential—associated with a history of early undernutrition. Such animals can neither learn nor unlearn a task as fast as animals adequately fed during the early vulnerable periods. When presented with a variety of unpleasant or irritable situations, such animals tend also to overact in frustration, tension, and anger.

It is worthwhile noting that different routines of malnutrition have been introduced to pregnant mother rats. The results have been lower birth weights for the newborn. When these newborn are given over to well-fed lactating mother rats as "foster rats," the newborn do gain in body weight and their general health tends to improve dramatically. However, despite this improvement, these newborn of underfed mothers never achieve the same body weight as rats who had normal births from mothers normally fed.

So much for animals. But what does this mean for people?

Working with human fetuses that had been aborted or which were available during autopsies of the mothers, Drs. Dobbing and Winick have studied the growth of the human brain. They generally agree that the most rapid brain cell division (Winick's phase I) takes place before birth. Dobbing has identified two major periods of cellular multiplication: the first is between Week 15 and Week 20 of gestation; the second is after Week 25 and ends in the second year of postnatal life. During that first period, however, Dobbing believes a tremendous proliferation of cells for the nervous system occurs, an intensive "neuroblast" period. If this is the case then good nutrition for the fetus would seem to be very much desired.

But ordinarily the fetus is not directly fed; nourishment comes from the mother. For many, many years it had been assumed that the fetus in utero would always do well, drawing from the mother's reserves any and all nutriments it might need—whether the mother could spare them or not. The impression—a false one—was that no matter how marginal or poor the mother's diet was, the baby would be brought to term as normal

Recent findings indicate that a pregnant mother must have a greater intake of many of the nutrients to produce not just a normal appearing baby, but a baby that has developed to its full genetic potential while in utero. Birth weights and mother weights are very relative: a 7-pound baby may be underdeveloped for one mother, while a 5-pound baby may have reached its full potential within the body of another mother.

A number of reliable investigations have also turned up other evidence. For instance, there is a correlation between the degree of malnutrition beginning at various times during gestation and continuing in the first year or two of life and later the individual's smaller head size, lower intelligence, lower brain weight, and fewer brain cells. Children showed slower rates of development for mental and motor functions during the first three years of life.

The evidence associating severe malnutrition with reduced intellectual capacity is reasonably clear; the evidence for mild or even chronic malnutrition is

Recommended Daily Dietary Allowances During Pregnancy and Lactation*

	Pregnancy	Lactation
kcal	+200	+1,000
Protein (gm)	65	75
Fat-Soluble Vitamins		
Vitamin A Activity (IU)	6,000	8,000
Vitamin D (IU)	400	400
Vitamin E Activity (IU)	30	30
Water-Soluble Vitamins		
Ascorbic Acid (mg)	60	60
Folacin* (mg)	0.8	0.5
Niacin (mg equiv)*	15	20
Riboflavin (mg)	1.8	2.0
Thiamine (mg)	+0.1	+0.5
Vitamin B_6 (mg)	2.5	2.5
Vitamin B_{12} (μg)	8	6
Minerals		
Calcium (g)	+0.4	+0.5
Phosphorus (g)	+0.4	+0.5
Iodine (μg)	125	150
Iron (mg)	18	18
Magnesium (mg)	450	450

*Source: Food and Nutrition Board, National Research Council (1968)

not. However, one can't isolate nutrition from the environment of the fetus and the infant. The quality and quantity of available foods must be placed into a context that also includes hormonal and genetic factors plus emotional deprivation, social class, family size, and the efficiency of the mother. We must also keep in mind that malnutrition does occur primarily among the underprivileged and does produce increased and chronic infection, particularly diarrhea, among the young. These infections in turn produce the vicious cycle of higher metabolic demands, lower food intake, and poorer absorption of nutrients. The nutritional state further deteriorates.

Science has only just scratched the surface of cause-effect relationships between prenatal nutrition and human development. There is no agreement on an ideal diet for a pregnant mother nor do scientists agree on the safest, most effective way to provide food to small or premature babies (by oral or intravenous means, for example). The evidence does at least suggest that low-weight infants do resume growth right after birth and that this vulnerable postnatal period may be highly significant for making up through improved nutrition whatever deficits may have occured in the development of the brain while the child was in utero. There is still the caution, however, that the answer to some of these problems is not as simple as overnutrition or some new food fad. A recent study from Russia, for example, showed a substantial increase in abortion among pregnant women taking large doses of vitamin C.

The additional energy requirements during pregnancy and lactation, allowing for a 20-25 pound increase in body weight of the mother and diminished activity as gestation proceeds, could be met by consuming an additional 200 calories per day (2,000 calories normally allowed).

At the present time, approximately 47 percent of the dietary calories are derived from carbohydrate sources such as sugars and starch, while 41 percent of the calories are derived from fat. Except for the body's specific need for carbohydrate as an energy source for the brain and other specialized purposes, carbohydrates and fats appear to be interchangeable as dietary energy sources.

Elsewhere on this page are the recommended daily dietary allowances of the Food and Nutrition Board, National Academy of Sciences-National Research Council.

Still, when all is said and done, all this vital scientific data will do little good if the information is not transmitted to the public for its use. Frankly, low- and medium-income people will have to be re-educated as to which foods contain the nutrients they need for themselves and their children. In addition, it is clear that low-income persons will have to be given additional aid in getting the foods they need. Then again, all persons in our society must get to know the nutrient composition of new synthetic foods coming into greater use, in order to somehow control one's nutrient intake. This is no small matter.

Clearly we must help low-income persons get the foods they need at every stage of their lives. We must learn more about their dietary requirements and how these match up with their socio-cultural food preferences. Finally, we all have a responsibility to facilitate the delivery of food to the poor so that we may one day see a dramatic reduction (if not the outright elimination) of malnutrition in this land of abundance. **IN**

Ms. Lyons has studied nutrition in the U.S. and Africa and has been an observer and commentator on health matters in this country.

They make the System Listen

TERRENCE J. BRIGGS. The Human Services Advocacy Team sat across the table from the nursing home administrator. At issue was an elderly woman who had been ejected from a nursing home without notice, with no money, with no place to go. The team—made up of a former outreach worker from the Council on Aging, a General Relief Social Worker, a representative of the Spanish community residing in one of the housing projects in Lynn, a psychiatric nurse from a State mental hospital, a retired employee from General Electric, and a staff assistant—wanted to know how such a thing could happen to anyone and what could be done to prevent it.

This meeting was one of a series which the team would call over the next few weeks. Team members were trying to determine the facts surrounding the case of the elderly woman who had not only been kicked out of the nursing home, but had been refused public welfare, whose social security check had been lost, who was only grudgingly accepted at a local hospital, and who could not get help anywhere.

A meeting with the local Council on Aging quickly determined that the case of the woman was by no means unique. There were many elderly citizens who State government reorganization. The purpose in bringing the team together were victimized by unconcerned agencies or rigid bureaucracies. The team set out to discover the cause of each of these problems, come up with possible solutions, and implement them.

They contacted the State Department of Public Health which licensed the nursing home to see if licenses could be suspended or regulations changed to prohibit such callous expulsion. The Department of Public Welfare was contacted to see if an address was an absolute necessity to obtain a check.

With the Council on Aging and Neighborhood Legal Services, work was begun on strategies to correct the abuses by nursing homes in the area of personal needs monies ($30.00 per month in Massachusetts) alloted to recipients of Old Age Assistance.

Emergency housing was investigated to either establish a short-term residence in the city, make a local housing authority unit available in similar situations, or make an arrangement with a local residential hotel or landlord. None of this, of course, would help the woman whose plight was brought to the attention of the team. Possibly, however, it would not happen to anyone else.

The people on this team were brought together by the Massachusetts Executive Office of Human Services, a new agency created in July 1970 as part of a was to give consumers a voice in the services they received. Briefly, the idea was to put consumers and professionals together in teams to serve as advocates within human service agencies.

"Integration and Coordination are the buzz words of social services these days," says Secretary of Human Services, Peter C. Goldmark, Jr. "It is easy to fall into the trap of thinking that by integrating eight bad programs you will arrive at one good big program. The Advocacy project represents one way to avoid that trap. It gives consumers of services a key role in identifying the problems and helping to design new tools for making the system more flexible and responsive."

There are three teams at work in the city of Lynn, Massachusetts. They are at work on the case described above, the "elderly case", creating a social services component of the Rent Control Board, and a community residence for mental patients. The concept which had brought these people together is a popular one—several specialists will make one generalist.

Bringing the plan from concept to reality was a great difficulty. Local private agencies claimed that they could not spare staff for a project they saw as worthwhile but essentially a luxury. The agencies said about the same thing, but they were eventually convinced to loan staff to the project. Although over three

months of meetings, explanations, compromises, and pressures were needed, eventually seven professionals were assigned to the project. Three social workers from the Department of Public Welfare, two psychiatric nurses from the Department of Mental Health, and two youth services workers from the Department of Youth Services.

Project staff had located in Lynn, Massachusetts, in June. They spent weeks going through the city, talking with private agencies, advocate groups, individuals—in short, anyone who would talk. As names popped up in the talks, the individuals were contacted and some job offers were made. Originally the training was scheduled to get off the ground in July. Delays, mostly in commitment from State agencies which were being asked to contribute personnel, resulted in a September 11 take-off date.

Joe is a member of the team working on the elderly case. He is seventy years old and has lived in Lynn for the past forty-three years. He has been a businessman. He ran a small tobacco and news stand in a Boston office building for many years. He is highly respected by almost everyone he has ever known.

Since his retirement he has become active in affairs with the Lynn Council on Aging. He was an outreach worker before joining the advocacy team. He knows that there are a great number of elderly people living in Lynn who never leave their squalid rooms in rooming houses and SRO hotels. He knows others who refuse to accept old age assistance because they won't go on relief. He knows first hand that aging people need services that they don't get.

Joe joined the project because he wants to improve the system. He wants to see that elderly people get the attention they deserve. . .

Getting the people willing and able to work in a team setting was only the first step. It was necessary to give them a chance to know each other, to become familiar with their styles, to understand the role of the teams, and to learn about the city of Lynn and the State agencies in human services.

A group of students from the Harvard Law and Business Schools worked throughout the summer with the project staff to design a training program for the teams. The result was a six-week program combining case studies, site visits, meetings with key people at the State, regional, and local levels, group dynamics, and recreational activities. The result of the training period was a training manual which could be reproduced for other groups and agencies to use as they wish.

Gerrie had been at work on real problems for some time before coming to work with the advocacy team. She was working in a neighborhood office of the local Community Action Program helping the Spanish-speaking population learn their rights and obtain needed services.

She lives in public housing and knows first hand what bad public policy means. Her neighborhood has no public transportation after six o'clock at night and none on weekends or holidays. There's only an empty field for recreational facilities and no social services are located near the project.

Gerrie joined the advocacy project because she was frustrated with the limited success she had had with Lynn economic opportunity. She hoped that from within State Government she might be able to get better services to the Spanish-speaking community of Lynn.

She knew that almost every problem that existed in Lynn was compounded for non-English-speaking people. She also knew that poor social planning had caused most of the problems. Integrating services seemed like a good idea to her, and she wanted a chance to help. . .

Among the key conflicts that arose early in the training program were the intense loyalties team members felt towards programs in which they had been involved. While the social workers were basically critical of welfare policies, and the residents of housing projects angry about the treatment given them by the Housing Authority, and the workers in the Community Action Program frustrated by the inability of the CAP agency to deliver services, each found it difficult to listen to criticisms of "his" program voiced by the others.

This tendency to be defensive about programs in which they had made an investment made it difficult for team

members to be objective about those very areas in which they had the most to offer. Staff and team openly confronted the situation, identifying the dynamics at work and suggesting "signals" to each other to indicate when defensive mechanisms were thought to be operating.

Sue is a pychiatric nurse at one of the largest mental hospitals in the State system. Sue wants the patients from the hospital to have a chance to live in their home communities.

She has been influential in starting a social club in Lynn for patients released from the hospital. She has been active and working part-time in a health center sponsored by the Lynn Model Cities agency.

In working with her patients from the hospital she knows that those who are released find a hostile environment in the community. They have no chances for employment. Welfare social workers have no time for them. They are generally not given access to rehabilitation opportunities. There are no group residences to ease the transition from hospital to home.

She thinks that the human services advocacy team is a logical point to begin putting together that network of supportive services that she knows is needed. She is on a team that is now working on the "elderly case." She thinks that the problems faced by that single woman are similar to the problems faced by patients released from the hospital to nursing homes.

The "elderly case" came to the attention of the team through the intervention of the Lynn Council on Aging. A member of the Lynn Rent Control Board came to the project asking assistance in forming a social services component .

These are the first cases that the project has taken up. To assure that the cases taken on next are important to the city and to its people, the teams set up criteria for selection. They are:

- Is it a human services systems problem?
- Does the problem affect a significant number of people?
- Are the government agencies involved within the project's realm of influence?
- Is there significant community concern?
- Is there a community group or agency willing to make a commitment to solving the problem?
- Can the problem be solved?
- Is there interest on the part of the team?

A screening committee has been formed from the teams to select the cases that are presented to the project and assign them to a particular team.

The team working on the elderly case thinks that its efforts will result in change for the better. After getting the facts on the "elderly case" they established a mechanism whereby all local nursing homes will notify the Lynn Council on Aging when a patient leaves The Department of Public Welfare will contact nursing homes weekly to determine the status of each Department of Public Welfare client.

An operational team is being established to handle cases of multi-agency responsibility. Members of the Council on Aging are taking the leading role with assistance from a representative of the local nursing home industry, the Department of Public Welfare, Social Security, and Visiting Nurse Association, Jurisdictional and policy problems are handled by a team of higher level personnel from each agency.

Several steps are being taken to alleviate the shortage of housing that could be utilized on a day-to-day basis. They are tapping resources of existing foster care homes, of members of the Lynn Council on Aging, of elderly housing projects, of the clergy and church-related groups, of the Welfare Department, and of the members of Boards of Directors of various concerned agencies and groups. And the team is working to develop a home for emergencies of the aging in a residential neighborhood.

"We know that not all the problems will have easy solutions, and some won't work out at all. But we are trying to make use of what we have and make some people's lives better." That's what Bea, for many years a worker in private industry, said as she reflected on the team. HN

Mr. Briggs is Associate Project Director, Massachusetts State Regional Office of Human Services.

Sheltered workshops can bring new hope and the promise of a productive future to thousands of the Nation's handicapped.

How the Disabled Break into the Economy

MICHAEL DOLNICK. Mary very seldom left her family home for the first 47 years of her life, even to attend school. Now, at age 49, she earns $40 a week making ladies' handbags on an assembly line.

When 18-year-old Luis was paralyzed on one side in an accident, both he and his family thought it was the end for him. Yet, one year later, Luis is learning a skill and preparing for a job, not unlike many other young men his age.

What brought these changes about? Mary and Luis are just two of the hundreds of people who have been helped to more productive lives through sheltered workshops.

"*Sheltered Workshop*" is the name given to small and compact working environments where people who are unemployable in the normal job market can perform productive work and get paid for it. The workshops provide various types of employment and supportive rehabilitative services to the blind, deaf-mute, mentally retarded, paraplegic, and to people recovering from mental illness. They are usually non-profit organizations.

The varied scope of sheltered workshops is surprising to people who don't know about them or who have limited information about them. Even many professionals are familiar with only one type of workshop, such as a lighthouse for the blind, or the well-known workshops of Goodwill Industries, or workshops connected with halfway houses for former mental patients.

Yet, across the country, the kinds of work under shelter are endless: paraplegics make intricate straw *objets d'art;* deaf workers process high-quality photographic film in a shop equipped with electronic light signals; men and women with one arm and a steel hook make and test transistor batteries; blind workers repair and tune small musical instruments brought to the shops; young women formerly adjudged delinquent and out-of-control now style wigs into fashionable delights. The list of activities is amazing.

A main feature of the sheltered workshop is the economic toehold in the world that it provides for the employee. Crass as it is, money plays a most important role in all of our lives, and earning any small sum provides an individual with greater confidence and sense of security. This is as good for one's emotional health as it is for personal and family finances.

The first sheltered workshop in the United States opened in Boston in 1840 and was designed exclusively for the training and employment of the blind. Over the years, the emphasis broadened to include the entire spectrum of physical, mental, and social ills.

Today, the number of workshops in this country is estimated to be between 1500 and 1800. These establishments vary in size to accommodate from a few handicapped workers to as many as a thousand. Most, however, are small.

Basically, there are two types of sheltered workshops. One type serves persons who need a period of training and adjustment in a protected environment until they are ready for placement in competitive industry. These are called "transitional workshops," referring to

the transition between sheltered employment and industrial employment.

The other type primarily serves a very disabled clientele with poor or limited prospects for placement in competitive industry. These workshops enable particpants to achieve the dignity of employment and earned income to the level of their capacities. These institutions are generally referred to as "extended employment workshops."

Most workshops do not fall neatly into one or the other classification, but contain elements of both types.

Although there are many workshops serving single disabilities, such as the blind or the mentally retarded, the futuristic trend is toward multi-disability facilities serving all groups of the handicapped together. During the early years of the workshop movement, the orthopedically handicapped were the largest disability group served. Today, a visitor to a workshop who is unfamiliar with rehabilitation programs is likely to assume that there are few handicapped persons present, because the handicaps are not easily visible. Conditions such as epilepsy, mental illness, mental retardation, alcoholism, and cardiac injury are not always readily apparent to the casual observer. Yet, an ever increasing number of people with these disabilities is being served by sheltered workshops.

The Fair Labor Standards Act puts a floor under all wages paid for employment in the U.S. It requires weekly overtime pay and restricts child labor, and other unfair practices.

The majority of sheltered workshops are privately owned and operated. Many private voluntary agencies are active in this field: the aforementioned Goodwill Industries, the National Association for Retarded Children, the Easter Seal Societies, the Jewish Occupational Council, and so forth.

Workshops are administered by a board of directors, generally composed of community leaders and spokesmen. Through their participation on workshop boards, citizens frequently become knowledgeable in rehabilitation, and much of the support for the State-Federal rehabilitation programs comes from this voluntary sector.

Sheltered workshops are a major resource of the State vocational rehabilitation agencies. One rehabilitation expert has described them as serving the rehabilitation counselor as the hospital serves the doctor. In developing a rehabilitation plan for each handicapped client, as well as coordinating the resources and services necessary to implement this plan, rehabilitation counselors increasingly use sheltered workshops to provide the services needed by clients.

In view of the uses of this remarkable resource, State vocational rehabilitation agencies are big purchasers of sheltered workshop services. In 1960, for example, about $5,000,000 was spent on rehabilitation facilities, which can be estimated at 11 percent of the State agencies' budgets for case services. By 1970, this amount had risen to $77,000,000, comprising 25 percent of budgetary allocations. Approximately 142,000 vocational rehabilitation clients were served.

The principal services purchased from sheltered workshops by rehabilitation agencies are vocational evaluation and work adjustment. The rehabilitation counselor wishing a total assessment of a handicapped person's aptitudes, interests, abilities, and potential will send the client to a workshop for a complete vocational evaluation.

A substantially growing number of workshops are being operated by State, county, and municipal agencies, aside from State rehabilitation agencies. There are no stipulations against public operation of these facilities. If municipalities took the lead in opening new facilities, it would be a welcome step in meeting the great need for expansion and quality service to clients.

The principal work activity in sheltered workshops is contract work obtained from industry and performed to the contractors' specifications at a negotiated price. To a lesser extent, the manufacture and sale of products and salvage operations provide employment and income for some workshops. Workshops engage in both simple and complex industrial operations and affect many phases of the American economy. Contracts may run the gamut from simple packaging to highly skilled electronic assembly.

Workshops are a significant industrial resource. The successful workshop soliciting subcontract work sells its services on the basis of quality and productive skills, not on appeals to charity.

The fact that a workshop's primary goal is to serve people, not to make a profit, does not preclude using good practices. The community-at-large can be asked to contribute to the necessary supportive services, but it is unreasonable and unfair to expect subsidies for excessive or unnecessary operating costs. Good management is an essential element in the successful operation of any workshop. The fundamental principles of management of any social or business venture are planning, organization, and control. In order to function well, both transitional and extended employment workshops should follow these principles:

- provide a realistic work climate with a work flow that is related to the volume and variety required to evaluate, train, and place clients
- utilize production as a means of developing the productivity and employability of the worker
- recognize, meet, and deal with the rigid demands of competitive industry in the production and distribution of goods.

In the shop setting it is difficult to maintain a continuing balance between

service and work. There may be sensitive spots in daily operations where professional and technical personnel will clash. If the workshop is to fulfill its commitment to disabled manpower, it must come to grips with modern economic tensions, just as industry is trying to do.

Successful marketing is also an important factor in operating a workshop. Marketing is the combination of business activities that direct the flow of goods from producer to consumer. The workshop product must be saleable, priced realistically, and merchandised intelligently. Saleability involves good design, technical excellence, and current applicability. Establishing a market and maintaining it requires skill, imagination, ingenuity, and the assumption of some risk. Industry pays large sums of money annually for product development, testing, promotion, and other distribution aspects. The successful workshop cannot afford to approach the problems of marketing and merchandising in an amateur and slipshod fashion.

To make a total assessment of the need for a workshop in a given community and to test the quality and strength of community support, a survey should be conducted to obtain the following information: the characteristics of the disabled persons in the community; the existence and adequacy of other workshop facilities; the availability of community resources for supportive services and technical assistance; the availability of a suitable location; the availability of suitable work; the availability of local employment opportunities for workshop graduates; and indications of sustained community interest and backing. With thinking and planning such as this, an agency or office will have begun to enter the intermediate stages of getting another good rehabilitation service off the ground.

The sheltered workshop is indeed the hybrid of an industrial establishment and a rehabilitation facility. It is unique in this respect. The workshop seems to be trying to meet two apparently conflicting objectives. It produces goods in a manner approximating its' profit-oriented industrial counterpart, and it provides rehabilitation services at the same time. What a paradox! Yet, it works quite successfully.

All types of technical assistance and information can be obtained through the Rehabilitation Services Administration of the Social and Rehabilitation Service, HEW. The RSA has its directive for this help through the Vocational Rehabilitation Act. This Act provides the authority for the planning and construction of new

facilities, and the remodeling and renovation of existing workshops through the addition of staff and equipment. The Act also provides additional authority for technical assistance, which means skilled consultation for agencies in every aspect of sheltered workshop operation. The entire consultation cost is paid for by the Federal Government.

Helpful printed material is available. One of the most valuable documents is "Contract Procurement Practices of Sheltered Workshops," by Michael Dolnick. This investigative document was prepared as a research project of the National Society for Crippled Children and Adults, Inc. It gives considerable help on the subjects of determining costs and prices. There are specific descriptions of how these problems have been handled by the 35 agencies surveyed. Copies are available at no charge from the Rehabilitation Services Administration, SRS, DHEW, Washington, D.C. 20201.

A helpful guide to methods and planning is the subject of a brief monograph by Ronald R. Stroud entitled "Work Measurement in Rehabilitation Workshops." This booklet explains briefly and explicitly the methods for setting production standards, calculating piece rates, selecting work methods, scheduling production, and computing overhead costs. In addition, Mr. Stroud gives special attention to the procedure for developing an individual efficiency index for each client and an overall efficiency index for the workshop. Copies may be obtained by writing the Region III Training Program for Facility Personnel, Jull Hall, University of Maryland, College Park, Maryland 20742.

Training programs in sheltered workshop administration are supported by the Rehabilitation Services Administration in twelve universities and two facilities. A growing number of workshop directors and rehabilitation counselors are graduates of these programs. RSA also supports short-term training for workshop personnel through various institutes and seminars around the country under university sponsorship.

More information can be gotten from the National Association of Sheltered Workshops and Homebound Programs, 1522 K St., N.W., Washington, D.C. 20005. This organization can furnish brochures, handbooks, conference information, and other referrals as desired.

The sheltered workshop must operate more and more as a forward-moving dynamic facility. There should be constant review and evaluation of the part it plays in the molding and use of manpower, and its role in the manufacture and distribution of goods. In the future, it may help to develop new work

The model of the sheltered workshop may be one nationwide answer to the tensions of technology on-the-job that highly industrial societies face today. IN

Mr. Dolnick is Chief, Facilities Branch, Division of Service Systems, Rehabilitation Services Administrations, SRS.

CAREER OPPORTUNITIES

Adult and Aging Programs

FIELD CONSULTANT, ADULT SERVICES. Professional, supervisory and consultation work in public welfare. Master's degree with 4 years of experience or 2 years in supervision, or a Bachelor's degree and 7 years of experience. $10,495—$13,022. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

CHIEF, BUREAU OF ADULT SERVICES. Plan a complete social service program for adults, including recipients of Old Age Assistance, Aid to Needy Blind, Aid to Permanently and Totally Disabled and Medical Assistance. Master's degree and 5 years of experience with 2 years in supervision. $12,144—$15,038. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

SOCIAL WORK SUPERVISOR (ADULT SERVICES). MSW and 1 year of experience. $11,124—$14,340. Can appoint above min. depending on experience. Write: Marathon Co. Dept. of Soc. Svc., 302 Grand Ave., Wausau, Wisc. 54401.

FIELD REPRESENTATIVE ON AGING. To develop and carry out community programs in State Office on Aging. Bachelor's degree in public administration, psychology, personnel management, or related field, and 2 years of experience in public or private personnel, public health, or related field. $593—$842. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

WELFARE SERVICES SPECIALIST. Adult Services Program. MSW and 1-1/2 years of experience. Additional experience may substitute for MSW on 2 for 1 basis. $9,600—$13,128. Write: Recruitment & Placement Sup't., Dept. of Welfare & Institutions, Per. Sec., 429 S. Belvidere St., Richmond, Va. 23220.

SPECIALIST IN AGING I. To collect and communicate information about status of senior citizens, to train and supervise staff. Master's degree or bachelor's and 1-2 years of experience in related field, or equivalent experience and training. $9,612. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

SPECIALIST IN AGING II. To administer field program. Master's degree and 2-3 years of experience or bachelor's degree and 3-5 years of experience. $11,700. Write: Dir., Sr. Central, Mayor's Office for Sr. Citizens, 223 N. Michigan Ave., Chicago, Ill. 60601.

CLINICAL PSYCHOLOGIST. Doctor's degree in psychology. $1,062—$1,497. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

Manpower Services

RESEARCH AND STATISTICS SPECIALIST. Master's degree in social science or related field and 2 years of responsible research experience, including the planning and conduct of research activities. $13,728. Write: Coordinator, Div. of Admin. on Aging, Dept. of Mental Health & MR, Room 1105, Ohio Depts. Bldg., Columbus, Ohio 43215.

DIRECTOR OF RESEARCH AND EVALUATION. Master's degree in behavioral sciences, Ph.D. preferred. Experience in survey research and statistics, experience in evaluation of social action programs desirable. $16,000—$20,000. Write: Correctional Manpower Services Project, 203 North Wabash Ave., Suite 2210, Chicago, Ill. 60601.

SYSTEMS ANALYST. To develop and operate a system of information storage and retrieval. Master's degree and 4 or more years of experience. $15,000. Write: Director, Meyer Children's Rehabilitation Institute, (U of Neb.) 444 So. 44th St., Omaha, Neb. 68131.

DIRECTOR OF PLANNING, EVALUATION AND RESEARCH (Health Care). Master's Doctorate or Medical degree preferred. 2 years of experience relating to health care systems. $14,000—$24,000. Write: Vanderbilt University Professional Recruitment, 110 Baker Building, 110-21st Ave., So., Nashville, Tenn. 37203.

MANPOWER PLANNING SPECIALIST. Master's degree in planning, business administration, industrial engineering or social sciences desirable. Ability to write well required. $15,000—$18,000. Write: Correctional Manpower Services Project, 203 North Wabash Ave., Suite 2210, Chicago, Ill. 60601.

EXECUTIVE DIRECTOR (Mental Retardation). Bachelor's degree with administrative or supervisory experience. Salary is negotiable. Write: Chairman of Board, LOMR, 2202 So. 11th St., Lincoln, Nebr. 68502.

ADMINISTRATIVE OFFICER. Bachelor's degree and 3 years of experience in personnel, budgeting, research, or administrative management. $10,500—$13,500 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

INFORMATION-COMMUNICATION SPECIALIST. To plan, coordinate, and direct community and public relations activities concerning needs of and services for children and families. Bachelor's degree, preferably with a major in Journalism or English and 4 years experience. $10,500—$13,500 Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

Health Services

EDITORIAL RESEARCH ASSOCIATE. To review literature and research in field of Maternal and Child Health and to report and evaluate MCH projects under study. Experience and education in health sciences, journalistic ability, and editorial experience in field of health. $17,000. Write: Helen M. Wallace, M.D., U. of Calif. School of Public Health, 513 Earl Warren Hall, Berkely, Calif. 94720.

PUBLIC HEALTH EDUCATOR. To direct comprehensive health education program. Master's degree in public health education and 3 years of experience. $995—$1,250. Appointment at a higher grade permitted if candidate's qualifications exceed the minimum. Write: Merit System, 4th Floor, Centennial Office Bldg., 658 Cedar St., St. Paul, Minn. 55155.

PUBLIC HEALTH NURSE TRAINEE. Graduation from an approved school of nursing. $7,407—$9,454. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, So. Office Bldg., HARRISBURG, Pa. 17120.

NURSE I. Graduation from an approved school of professional nursing. $7,407—$9,454. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Room G-53, So. Office Bldg., Harrisburg, Pa. 17120.

NURSING CONSULTANT SUPERVISOR. Bachelor's degree in nursing and 3 years of experience in public health nursing or related field, including 1 year in supervision, or graduation from accredited school of nursing and 4 years in public health nursing, with 1 year in supervision. $821—$1,164. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

PUBLIC HEALTH PHYSICIAN II. Assist in developing chronic dis-

ease programs and in regional program development. Medical degree and completion of internship in an approved hospital, Pa. license and 4 years of experience in the field of public health. $25,115—$29,079. Write: Director, Division of Chronic Diseases, Pa. Dept. of Health, P.O. Box 90, Harrisburg, Pa. 17120.

PUBLIC HEALTH NURSE CONSULTANT. Consult in specialized nursing, maternal and child health, communicable disease control, and crippled children. Master's degree in Public Health and 4 years of experience, 2 years in an advisory capacity. $8,778—$10,863. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

Nutrition

SUPERVISING DIETITIANS. Minimum qualifications for Dietitians plus additional 2 years of experience, or a master's degree and completion of an approved dietetic internship may be substituted for 1 year of experience. $9,814—$11,894. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIANS. Bachelor's degree in dietetics or related field, or in home economics with major in nutrition, and 1 year of experience in hospital or therapeutic dietetic work, or completion of approved postgraduate hospital dietetic internship, or master's degree in dietetics or nutrition. $8,648—$10,104. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETITIAN TRAINEES. Bachelor's degree with major in dietetics or related field, or home economics. $8,169. Write: State Dept. of Civ. Serv., State Off. Bldg. Campus, Albany, N.Y. 12226.

DIETICIAN I. Bachelor's degree with major work in dietetics, institutional administration, or hotel administration. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

PUBLIC HEALTH NUTRITIONIST TRAINEE. Bachelor's degree with major course work in foods and nutrition. $8,163—$10,432. Write: Pa. State Civil Service Commission, Bureau of Recruitment, Rm. G-53, So. Office Bldg., Harrisburg, Pa. 17120.

NUTRITION SPECIALIST. To direct a state-wide program in nutrition for the elderly. Bachelor's degree in food/nutrition plus Master's or MPH in nutrition. Completion of a dietetic internship or its equivalent. $15,787. Write: Coordinator, Division of Administration on Aging, Dept. of Mental Health and Mental Retardation, 1105 Ohio Dept. Bldg., Columbus, Ohio 43215.

Social Work Supervision

CHIEF (3): BUREAU OF LICENSING & STANDARDS; BUREAU OF CONSUMER SERVICES; BUREAU OF COMMUNITY SERVICES. Bachelor's degree and 9 years of experience (5 in supervision), or 12 years (5 in supervision), or equivalent combination of training and experience. $15,180. Write: Dept. of Pub. Welfare, Div. of Emp. Mgt. Rel., 408 E. Town St., Columbus, Ohio. 43215.

LOCAL WELFARE DIRECTOR II. MSW and 1 year of experience in social work. Additional experience may substitute for MSW on a year for year basis. $9,470—$15,315. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

FIELD CONSULTANT, CHILD AND FAMILY SERVICES. Professional supervisory and consultation work in public welfare. Master's degree and 5 years of experience or a Bachelor's degree and 8 years of experience. $10,975—$13,596. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

SUPERVISOR, ASSISTANCE PAYMENTS. Master's degree in social science and 3 years of experience or a Bachelor's degree and 6 years of experience. $9,531—$11,639. Write: Dept. of Personnel, State House Annex, Concord, N.H. 03301.

PLANNING-FUNDING SPECIALIST. To conceptualize, coordinate, and write new or expanded programs contingent upon funding sources. Master's degree in Social Work plus 5 years of experience. $11,000 to $15,000 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

RESEARCH-EVALUATION SPECIALIST. To compile, analyze, and interpret statistical date. Bachelor's degree and at least one year of graduate training in Social Work and 5 years of experience in statistical work and/or research. $11,000—$15,000 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

TRAINING SPECIALIST. Master's degree in Social Work plus 5 years of experience. $11,000—$15,000 dependent upon qualifications. Write: Director, Juvenile Welfare Board, 3455 1st Ave., So., St. Petersburg, Fla. 33711.

Rehabilitation

REHABILITATION COUNSELOR. In facility setting, primarily for mentally retarded. Master's degree preferred in rehab. counseling or related field, or bachelor's degree. Experience helpful but not required. $8,000 (B.A.); $9,200 (M.A.).Write: Sup'r, N. Cent. Rehab. Ctr., 746 14th Av. N., Fort Dodge, Iowa 50501.

ASST. WORKSHOP DIRECTOR (Rehabilitation). Bachelor's degree preferred. $8,500 depending on qualifications. Write: Director, Randolph County Sheltered Workshop, P.O. Box 151, Red Bud, Ill. 62278.

VOCATIONAL EVALUATOR II. Master's degree in vocational rehabilitation, vocational evaluation, or Bachelor's degree and 2 years of experience in vocational evaluation, rehabilitation, tests and measurements or other related field. $9,408—$11,718. Write: Vocational Evaluation Supervisor, Vocational Evaluation Unit, 1620 E. Polk St., Phoenix, Ariz. 85006.

PSYCHOLOGIST. Performs work-oriented psychological appraisals for a multidisability vocational evaluation and work adjustment program. Master's degree in psychology or rehabilitation, must be able to qualify for certification as Psychological Associate in Texas. Previous rehabilitation experience and bilingual (Spanish) preferred but not required. $12,000. Write: Program Administrator, Harlingen Vocational Evaluation Center, 300 Camellia, Industrial Airpark, Harlingen, Tex. 78550.

VOCATIONAL EVALUATOR. Bachelor's degree in Industrial Arts Education, Sociology or Psychology. Master's degree with testing/counseling experience preferred. $10,000. Write: Vocational Evaluation Unit, 3987 University Drive, Fairfax, Va. 22030.

ALCOHOLISM PLANNERS. (6 positions). Bachelor's degree with some graduate training, and planning or community organization experience. $10,600—$12,900. Write: Robert Threlkeld, Bureau of Rehabilitation, 32 Winthrop Street, Augusta, Maine 04330.

Medical Services

PHARMACIST II. Degree in pharmacy, licensed to practice in Florida, and 2 years of experience. $929—$1,290. Write: Dept. of Admin. Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

NURSING DIRECTOR I. RN and 5 years of professional experience at supervisory or administrative level. $810—$1,122. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg, Tallahassee, Fla. 32304.

PHYSICAL THERAPIST (FIELD). Graduation from an approved school of physical therapy and licensed to practice in Va. $8,400—$10,992. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

Mental Health

PSYCHOLOGY DIRECTOR. Doctor's degree in psychology and 4 years of postdoctoral experience in clinical psychology. $1,226—$1,729. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

PSYCHIATRIST I. Medical degree, completion of approved internship, and 1 year of approved psychiatric residency. $1,777—$2,443. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

PSYCHOLOGIST II. Master's degree in psychology and 1 year of experience. $787—$1,088. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahassee, Fla. 32304.

PSYCHIATRIST II. Minimum requirements for Psychiatrist I, and 3 years of experience. $2,084—$2,667. Write: Dept. of Admin., Div. of Pers'l. and Retirement, Carlton Bldg., Tallahasse, Fla. 32304.

CLINICAL PSYCHOLOGIST. Consultant to social service staff, administers and interprets psychological examination, participates in the monitoring and assessing of social service purchases under Title IV of the Social Security Act. $10,980—$15,660. Write: Personnel Director, St. Louis County Welfare Dept., 422 West Third St., Duluth, Minn. 55806.

SENIOR PSYCHOLOGIST. To operate rural mental health clinic. Master's degree and 4 years of experience. $13,000 and negotiable. Write: Psychologist-Administrator, Southeastern Colo. Family Guidance Center. Otero County Court House, La Junta, Colo. 81050.

Casework

CASEWORKER (PROTECTIVE SERVICES INTAKE). Intensive treatment of parents and children, MSW. No experience. $793. Write: Dir., Outagamie Co. Dept. of Soc. Svc., Court House Annex, Appleton, Wis. 54991.

SOCIAL WORKER, MSW or related field (not rehabilitation counseling). $11,046 (GS-9). Write: Dir., Alcohol & Drug Off. Hq., Ft. Hamilton, Brooklyn, N.Y. 11252.

SOCIAL WORKER II. To work as Probation and Parole Agent or as Counselor in Correctional Institution, MSW. $878—$973 Start. Write: Supervisor of Recruitment, Div. of Corrections, Box 669, Madison, Wis. 53701.

Mail your agency's classified listings to Editor, HUMAN NEEDS, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or nongovernmental listings accepted. There is no charge or fee of any kind for this service.

MEDICAL SOCIAL WORKER—B. Master's degree and 2 years of experience. $9,168—$12,000. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

MEDICAL SOCIAL WORKER C. Master's degree and 3 years of experience. $10,032—$12,528. Write: Merit System Supervisor, 300 State Finance Bldg., Richmond, Va. 23219.

CASEWORKER I. Bachelor's degree and knowledge of principles and techniques of social case work. $508—$719. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

PUBLIC HEALTH SOCIAL WORKER. MSW and 2 years of experience including supervised social case work and clinical experience. Driver's license necessary. $11,929—$12,412 (Upstate) $12,129—$12,612 (Metropolitan Area). Write: Director, Public Health Social Work, New York State Dept. of Health, 845 Central Ave., Albany, N.Y. 12206.

CASEWORKER II. Bachelor's degree in sociology or related field. 1 year of graduate study toward MSW or 1 year of experience in social work. $549—$779. Write: Merit System Council, 1910 W. 7th St., Little Rock, Ark. 72202.

Faculty Appointments

SPEECH PATHOLOGIST. Direct and coordinate speech pathology, language development, teaching and research program. Ph.D. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

NURSE. Direct and coordinate teaching and research program in nursing for children with handicaps. Master's degree, prefer doctorate, with background in public health or programs for children. Salary open and competitive. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

COORDINATOR FOR CONTINUING EDUCATION AND IN-SERVICE TRAINING. To provide the major staff resource for the Institute's in-service training and education programs, including technical assistance to community services. Master's degree and experience in developing continuing education programs. Salary dependent upon training and experience. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

DIRECTOR SOCIAL WORK TRAINING. Direct and coordinate teaching and research programs in social work for children with handicaps. Ph.D. or D.S.W. with interest in developmental disabilities and experience in community organization. Salary open. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

DIRECTOR, PHYSICAL THERAPY PROGRAM. Master's degree with certification in neurodevelopmental (Bobath) treatment, experience in children's programs. $12,000—$13,000. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

CORRECTION PROGRAM FIELD COORDINATOR. Master's degree with specific training in corrections or related field and 3 years of experience in prevention, probation, prison or parole (either juvenile or adult). $14,000. Write: Associate Professor, School of Social Work, Western Michigan University, Kalamazoo, Mich. 49001.

ASSOC. PROJECT DIRECTOR. For rehabilitation programs. Doctoral degree in rehab. admin. or closely related field and broad experience in rehabilitation. Salary dependent on qualifications. Write: Project Dir., Region III Training Program for Facility Pers., Jull Hall, U. of Maryland, College Park, Md. 20742.

SOCIAL WORKER. M.S.W. Faculty appointment available in the College of Medicine. Salary open. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.,) 444 So. 44th St., Omaha, Neb. 68131.

DIRECTOR, OFFICE OF MANAGEMENT SERVICES. To direct a University based, multidisciplinary program for children with developmental disabilities. Ph.D. in academic areas related to program evaluation and systems technology and/or information processing with experience in programming and computer utilization. Salary upon and dependent upon experience. Write: Director, Meyer Children's Rehabilitation Institute (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

PEDIATRIC NURSE PRACTITIONER. To direct a University based, multidisciplinary program for children with developmental disabilities. Completion of pediatric nurse practioner course and/or master degree in pediatrics or MCH. Salary open. Write: Director, Meyer Children's Rehabilitation Institute, (U. of Neb.), 444 So. 44th St., Omaha, Neb. 68131.

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